



## TRAVEL MEDICAL CONSENT FORM

I, \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_, residing at \_\_\_\_\_ (address) born on the \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ do hereby consent and allow \_\_\_\_\_ to authorize and handle any type of medical care for my minor child including but not limited to the administration of anesthesia determined by a physician, surgery, and any other care recommended or deemed as necessary for the welfare of my child.

This authorization is effective from on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ and expires on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian      Date      Print Name**

\_\_\_\_\_  
**Signature of Witness      Date      Print Name**

This consent form should be taken with the minor child to the hospital or physician's office when the minor child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

**Father's cell** \_\_\_\_\_ **Mother's cell** \_\_\_\_\_

**Allergies to food or drugs:** \_\_\_\_\_

**Special medications, blood type, other:** \_\_\_\_\_

\_\_\_\_\_  
**Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_